

COMMUNICATION BRIEF

The COVID-19 Pandemic Deepens Oral Health Inequities

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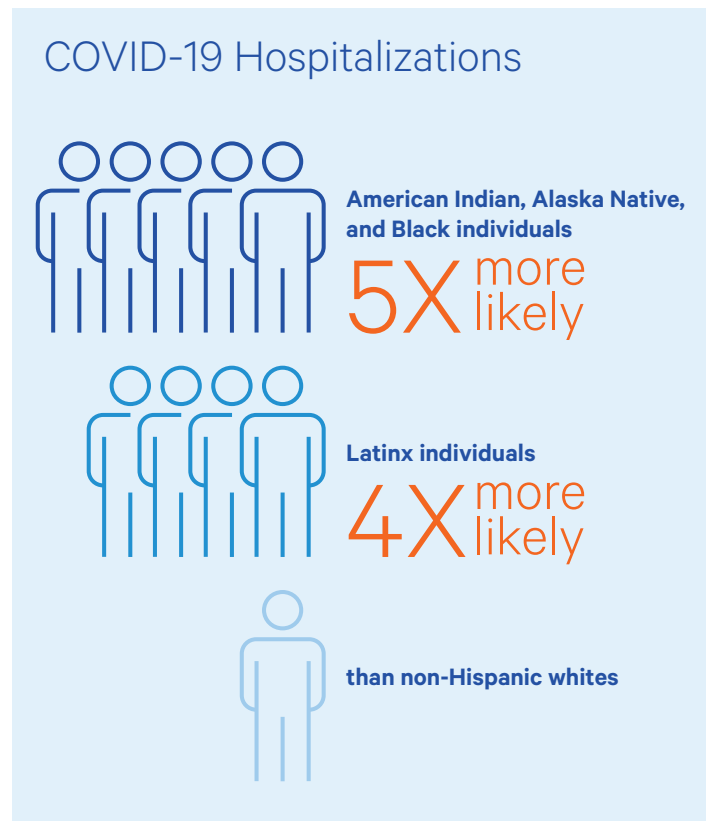
COVID-19 has impacted every facet of daily life in 2020. It has exacerbated social, economic, and health care inequities and further limited access to dental care and other necessary health services. Many of the communities that faced barriers to accessing dental care and subsequently experienced the effects of poor oral health prior to the pandemic are also those hardest hit by it. Moreover, oral health care providers working to meet the needs of their patients and communities in the midst of the pandemic have experienced financial and operational challenges that impact their ability to reliably provide care.

COVID-19 Pandemic Highlights Health Disparities

Since the beginning of the pandemic, nearly [524,000 Americans](#) have died from COVID-19 and more than [28 million](#) have been infected. No part of the United States has been spared, but the impacts have been unequally distributed. Research has consistently shown that people of color are at increased risk for exposure to the virus and experience higher rates of [infection](#), [hospitalization](#), and [death](#).

- [American Indian, Alaska Native, and Black individuals are 5 times more likely and Latinx individuals are 4 times more likely to be hospitalized for COVID-19 than are non-Hispanic whites.](#)
- [U.S. counties that are majority-Black have 3 times the rate of infection and almost 6 times the rate of death as counties where white residents are in the majority.](#)

These statistics are deeply disturbing and reflect the vast health inequities that exist and have persisted for decades. Even before the pandemic, people of color experienced differences in rates of health insurance coverage, increased barriers to care, and worse health outcomes. Low-income communities and those that are predominantly Black have [higher rates of chronic disease comorbidities and poor oral health](#) — *both of which are risk factors for COVID-19.*



Disparities Persist in Oral Health

Wide disparities exist in oral health. [Research from DentaQuest Partnership in May 2020](#) showed that significant oral health disparities make lower-income Americans and people of color¹ more likely to have unmet dental needs.

- Black adults are 68% more likely to have an unmet dental need than white adults.
- Latino adults are 52% more likely than white adults to report having difficulty performing at work due to poor oral health.
- Nearly 4 in 10 Black and Latino adults reside in the 14 states where Medicaid's adult dental benefits cover either no dental services or cover emergency-only dental care.

Oral health is directly linked to overall health. When oral health deteriorates it can have far reaching consequences and health effects that go beyond the mouth. Poor oral health is connected to higher risk for diabetes, cardiovascular disease and stroke, complications in pregnancy and childbirth, adverse mental health outcomes, and other conditions that are costly to treat. When left untreated, oral infections, cancers, and other diseases that start in the mouth will spread throughout the body, causing serious and lifelong issues, and in some cases, death.

Chronic disease comorbidities [are risk factors for both poor oral health and COVID-19](#). For those hospitalized with the virus, mechanical ventilation may be necessary. Once ventilated, some patients will acquire Ventilator-Associated Pneumonia (VAP).

VAP is the second most common hospital-acquired infection and typically occurs when a patient is connected to mechanical ventilation and bacteria travel from the oral cavity or breathing equipment into the lungs. [Research from the DentaQuest Partnership in September 2020](#) finds that among those patients on mechanical ventilators for 48 hours or longer:

- Black people were 39% more likely than white people to be diagnosed with VAP.
- Males were 20% more likely to be diagnosed than females.

In addition, the data shows comorbidities play a role: patients with one comorbidity were 73% more likely to have a VAP diagnosis compared to those with none, while patients with two or more were 98% more likely than those with none.

Most relevant, this research showed that preventive dental visits decreased the likelihood of acquiring VAP, with at least one preventive dental visit within 3 years reducing the likelihood of a VAP diagnosis by 22%.

Contributing Factors to Unmet Dental Needs

Coverage: [Over 74 million Americans lack access to dental coverage](#), 3 times the number of people without medical insurance. Black and Brown Americans¹ disproportionately suffer from lack of care. Fourteen state Medicaid programs offer [emergency-only benefits or no coverage](#) to their adult populations.² In addition, 4 in 10 Black and Latino adults live in an area where nonemergency dental care is not covered by Medicaid.

Cost: [Expensive out-of-pocket](#) costs can be prohibitive — the share of their income that low-income families spend on dental care is 10 times that of wealthier families. Without dental coverage or the ability to afford care, many adults postpone treatment until their condition becomes too painful to endure. This means they need more expensive and extensive oral care than they would if they had seen a dentist earlier in the disease process.

Provider Availability: 41% of Medicaid adults report that they did not visit a dentist within the last 12 months because they had [trouble finding a dentist](#). This can be attributed to an overall shortage of dentists in their area and/or a lack of dentists that accept Medicaid. With few or no other options for care, many will seek care at a hospital emergency department (ED) when toothaches or other oral health problems occur. A Medicaid-enrolled adult visits an ED for a dental reason every 43 seconds in the United States, more than twice the rate of adults covered by private insurance (one visit every 95 seconds).

¹ The majority of available evidence focuses on Blacks and Hispanics, and it is unclear how far these claims extend to other historically marginalized populations

² [Medicaid Adult Dental Benefits: An Overview \(September 2019\)](#). 11 states currently offer emergency-only coverage (AZ, FL, GA, HI, ME, MS, NH, NV, OK, TX, UT), 3 states currently do not provide any coverage (AL, MD, TN). Please note the following changes since the 2019 publication: Alaska's adult dental benefit was restored effective 10/1/2019 and is now considered 'extensive'; Delaware initiated a 'limited' adult benefit effective 10/1/20; West Virginia enacted legislation in 2020 to provide a 'limited' adult dental benefit which took effect 1/1/2021. Of additional note: Hawaii's Medicaid program offers an 'emergency-only' adult dental benefit although one of Hawaii's managed care organizations provide a value-added limited benefit to its enrollees at no cost to the state; New Hampshire offers an emergency-only adult dental benefit and is in the process of developing an extensive adult benefit.



Racism and Discrimination Impacts Utilization of Dental Care

Coverage, cost, and provider availability are among the factors that affect a person's ability to find and receive needed care. Although important, these factors alone do not explain the significant differences in health outcomes.

Discrimination linked to race, gender identity, and sexual orientation exists both as a symptom and as a driver of inequities in health and oral health. Discrimination is also associated with long-term detrimental health outcomes, including lower self-esteem, especially among those experiencing interpersonal racial discrimination. [Research shows](#) that historic abuse and mistreatment of communities of color by the medical system drive distrust of the health system, uneven care quality, and traumatic experiences.

Furthermore, new research from the DentaQuest Partnership highlights the role discrimination plays in [utilization of dental care](#).

- People who reported discrimination experiences in their lifetime across a variety of factors, characteristics, and social environments were less likely to have a routine dental visit in the past 12 months.
- With every additional lifetime discrimination experience, participants were 6% less likely to have a routine dental visit.
- Respondents who had discrimination experiences across 4 or more items were 36% less likely to have had a routine dental visit in the past 12 months.



Dental Providers of Color and Those Serving Underserved Communities Have Been Disproportionately Impacted by COVID-19

Since the onset of the pandemic, providing routine and nonurgent oral health services has been challenging. Dental offices and programs across the country were closed during the spring, leaving millions without care and creating operational and financial uncertainty for dental offices. This is especially true for oral health providers operating within traditional fee-for-service models.

Two new DentaQuest Partnership studies in December and August of 2020, respectively, look at the impact COVID-19 has had on providers and their practices throughout the pandemic. The first explores the [financial hardships faced by providers of color](#). The second explores the concerns faced by and long-term changes planned by providers who work in [federally qualified health centers \(FQHCs\)](#) and other public health settings.

Reduced capacity, reduced staffing, and financial strain

As of August 2020, [94% of providers](#) had reopened their offices and clinics and were providing most services, including routine

care. The total number of patient visits per day, however, was down significantly from pre-pandemic levels. This reduction is due in large part to changes in treatment protocols.

The logistical and financial challenges were most acutely felt by providers of color and public health dental providers (PDHP) who work in federally qualified health centers (FQHCs) and other public health settings. These providers had not been able to reopen and provide patient care as comprehensively as their white and/or non-public health setting counterparts.

- Only 76% of FQHCs were open for most services, while 20% were seeing patients for urgent and emergency services only. In comparison, 96% of providers in private practice settings reported being open for most services.
- 82% of PDHPs reported seeing fewer patients and 78% reported reduced payments and collections in the past week, as compared to a typical week prior to COVID-19. Providers in private practice settings (63%) were less likely to report seeing fewer patients.

Just as people of color have experienced disparities in COVID-19 morbidity and mortality, a similar disparity is playing out in how this health crisis is affecting dental providers of color. Pandemic-related changes have disproportionately affected providers of color in terms of patient and payment volumes and capacity.

- 72% of providers of color reported significant reductions in patient volumes since the COVID-19 pandemic began, compared to 61% of white providers. This gap remains even after accounting for the location and type of practice.
- 37% of providers of color reported seeing between half and less than three-quarters of their pre-COVID maximum number of dental patients, while only 26% of white providers said they were seeing this proportion of their pre-pandemic patient population.

Enacting immediate and long-term changes to practices

Throughout the country, dental providers have made immediate and long-term changes to their practices to ensure patient and staff safety and to best meet patient needs.

Similarly, providers of color were more likely to expect and accept non-contact dentistry as well as other long-term changes that COVID-19 might bring to dentistry.

- 48% of providers of color anticipate changes in the types of dental procedures they perform or in the way these procedures are conducted, compared to 39% of white providers.
- 53% of providers of color expect an increased use of minimally invasive and/or limited aerosol-generating procedures, while just 39% of white providers foresee this change.

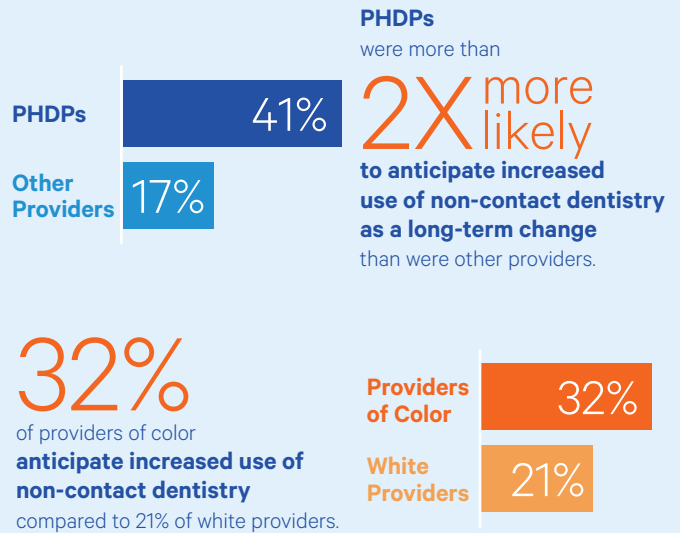
Long-Term Changes Expected



Compared to less than half of providers in other practice settings, **between 60–70% of PHDPs have enacted and expect to enact changes in:**

- **infection control procedures**
- **types of dental procedures or the way procedures are conducted**
- **the number of patients seen in a day**
- **ongoing attention to occupational hazards**
- **increased use of minimally invasive and/or limited aerosol-generating procedures**

Non-contact Dentistry

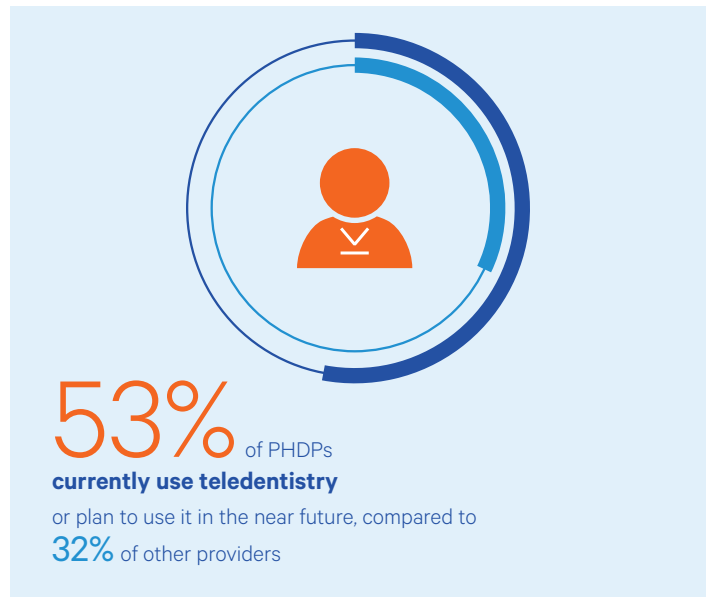


Throughout the country, the use of telehealth has expanded exponentially since the pandemic began. PHDPs and providers of color were more likely than other dental professionals to embrace telehealth or other forms of non-contact dentistry.

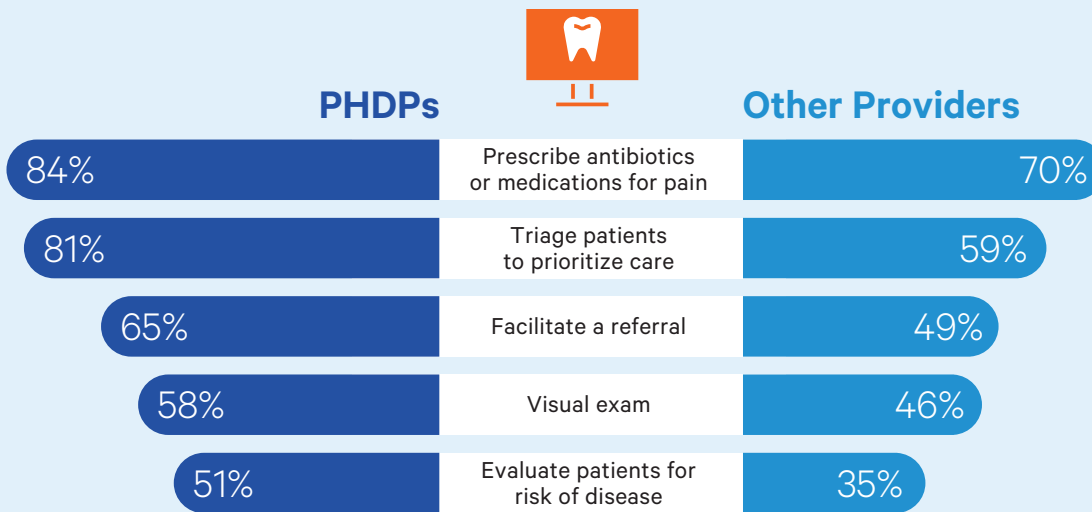
- 22% of providers of color agreed it is extremely important to utilize telehealth as compared to 13% of white providers.
- 53% of PHDPs were using teledentistry or plan to use it in the near future. This compares with 32% of providers in other types of dental practices.

In addition to making greater use of telehealth, PHDPs and providers of color were more likely to predict that their teledentistry encounters will rise over the coming year.

- More than 1 in 3 PHDPs (36%) expect the number of telehealth encounters to increase over the next year, compared to 28% of other types of providers.



Telehealth dental services usage





Inequities in Oral Health Must Be Addressed to Make Lasting Change

Action is needed now and in the future to address the gaps in and failings of the health care system.

In the immediate term, national, state, and local leaders must do all that they can to curb the spread of COVID-19 and ensure robust levels of vaccination across populations. With initial distribution of the vaccine having begun in December 2020, the [DentaQuest Partnership](#) is urging state leaders to ensure that dentists, hygienists, and dental assistants are among the first wave of coronavirus vaccine recipients.

Vaccinating oral health providers will protect them from the virus and allow practices to safely remain open — or to reopen — and provide care and support to patients.

Furthermore, oral health providers should be included in any state vaccine distribution and administration strategies. State practice acts should be amended to allow for the latter since the majority of states currently do not allow oral health providers to administer vaccines. Federally Qualified Health Centers, in particular, are well positioned to distribute the vaccine given their existing COVID-19 testing infrastructures and trusted role in communities.

Moving forward, we must continue to monitor, learn from, and act upon the successes and challenges faced by oral health providers during the pandemic, especially providers of color and safety-net providers. Further resources and supports will be needed to ensure these providers are able to safely and reliably provide care to their patients and communities.

We must also study the causes and impacts of discrimination on health outcomes broadly and oral health outcomes more specifically. Surveillance systems should be tailored to capture this data and information in order to further drive needed policy change. Furthermore, dental offices should routinely provide staff training to promote an inclusive environment, understand the impact of discrimination on oral health and overall health, and practice trauma-informed care.

COVID-19 has called national attention to the issues of health inequities. The oral health community has an opportunity to address historic disparities that can result in unmet dental needs, while modernizing the oral health system to create more equitable outcomes.

CareQuest Institute for Oral Health

CareQuest Institute for Oral Health is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy and education as well as our leadership in dental benefits, care delivery and innovation advancements. We collaborate with thought leaders, health care providers, patients and local, state and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit carequest.org.

This report and others are available at carequest.org.